WHITEHAVEN
RURAL DISTRICT COUNCIL.

ANNUAL REPORT

OF

DR. J. B. FISHER,

MEDICAL OFFICER OF HEALTH,

WITH

TABULAR RETURNS OF MORTALITY, &c.,

For the Year 1900.

Whitehaven—
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To the Whitehaven Rural District Council.

30, Church Street, Whitehaven,
30th January, 1901.

Gentlemen,—

It again becomes my duty to submit to you my Annual Report, being the Seventeenth Annual Report that I have made as Medical Officer of Health for the Whitehaven Rural District, and the seventh since the formation of the Rural District Council, showing the condition of the public health during the year 1900, and marking the stage that has been reached in promoting the health of the district, and the direction in which your future efforts should be directed.

On the 1st April, 1900, an Act of Parliament came into force extending the boundaries of the Borough of Whitehaven, by which a portion of Preston Quarter, including the Union Workhouse, was transferred from the Rural District to the Borough, as well as a small portion of the parish of Moresby including Lonsdale Place. I have not on this account made any alteration in the estimated population of the Rural District for the purposes of this report, seeing that no addition has been made to the estimated population on account of natural increase since 1896; and, as the census of 1901 will be available for my next Annual Report, I thought it better to retain the estimated population than for a single year to make a fresh estimate, which must be of necessity speculative in character since the natural increase, as indicated by the excess of births over deaths, has in the past proved a by no means reliable guide in this district, owing to the large part played by emigration to the larger industrial centres.

It will be observed that I have not, in the tables that accompany this report, divided the district into sub-districts as in previous annual reports, the reason for this being that, owing to the alterations that were made by the Registrar General, with the sanction of the Local Government Board, during the year in order to make the Registration Sub-districts co-extensive with the Relief Sub-districts of the Whitehaven Poor Law Union, the retention of the three sub-districts of Harrington, Egremont, and St. Bees, adopted in previous annual reports, was impossible, as by these alterations the St. Bees Sub-district ceased to exist as a separate sub-district, part of it being added to the Egremont and the remainder to the Whitehaven Registration Sub-district, and as these alterations also came into force on the 1st April, 1900, the new sub-division could not well be adopted for the whole year, and any division founded on the Registration Sub-districts would be incomplete and useless for purposes of comparison with previous years.

Some slight alteration has this year been made in the form of some of the accompanying tables. This is owing to the adoption by the Local Government Board of new forms, suggested by the Incorporated Society of Medical Officers of Health, in place of the forms previously used, the alteration being intended to increase the value of the tables by giving comparison with ten previous years, and the average of these years, and by certain alterations in the classification of the causes of death. The alterations make the forms of the Local Government Board approximate more closely to the additional tables that I have adopted in previous years, in which I have for several years given these comparisons, but, as they do not give quite all the comparisons I have given, I have retained the old tables, and added the new in place of those previously used by the Local Government Board.

Two hundred and sixy-two deaths from all causes, and at all ages, were registered during the year, which is equivalent to a death-rate of 16·9 per thousand per annum, being 0·53 above the average of 16·37 per thousand per annum during the previous ten years. This, however, is reckoning the number of deaths actually registered in the district during the year 1900 and the previous ten years, and requires to be correeted by the elimination of deaths of what are called in the newly-adopted tables "non-residents," that is "persons brought into the district on account of illness and dying there." These were chiefly the deaths in the Union Workhouse of persons admitted from parishes in the Union, which are under the sanitary jurisdiction of their own Urban Councils, and in previous years averaged a little over forty each year, whilst in the year 1900 the number has fallen to eight, owing to the transference of the Union Workhouse from the Rural District to the Borough of Whitehaven, as already explained. Making allowance for these we find that the corrected death-rate for 1900 is 16·38, against an average for the previous ten years of 14·08, an increase of 2·3 per thousand per annum.

Of Infants under one year of age there were registered during the year sixty-nine deaths, giving an infantile death-rate of 4·45 per thousand of population per annum, which is 1·27 above the average of 3·18 per thousand per annum for the preceding ten years.

The number of deaths of Children under five years of age was one hundred and one, equivalent to a death-rate 6·51, which is 1·62 above the average of 4·89 per thousand per annum for the previous ten years.

Thirty-seven deaths were registered during the year from the principal Zymotic diseases, giving a death-rate for these diseases of 2·39 per thousand per annum, which is 1·21 above the average of 1·18 for the preceding ten years. Of these deaths no less than thirty were due to Measles—twenty-eight of these occurring in children under five years of age. So that looking at the general death-rate, the death-rate of children, and the Zymotic death-rate, we see that by far the greater portion of the increase for the year 1900 is directly referable to Measles, whilst doubtless many of the deaths of children set down to other causes, especially Bronchitis and Pneumonia, probably had their origin in preceding attacks of this disease.

The number of births registered during the year was four hundred and ten—two hundred and six boys and two hundred and four girls—which is equivalent to a birth-rate of 26·45 per thousand per annum, being 2·57 below the average of 29·02 for the preceding ten years. The number of deaths of infants under one year of age being, as I have stated above, sixty-nine, the infant death-rate per thousand births registered is 168·29, which is 58·53 above the average for the preceding ten years, and this increase is entirely due to the number of deaths from Measles, and the increase in the number of deaths from Bronchitis and Pneumonia.

Of persons over sixty-five years of age there occurred during the year eighty-one deaths, giving a death-rate of 5·22 per thousand, which is 1·1 above the average of 4·12 for the preceding eight years during which the Senile death-rate has been reckoned on persons over sixty-five years, having up to that time been calculated on persons over sixty years of age.

During the year Measles has been prevalent throughout the district, as well as in the districts of neighbonring authorities, and it was found necessary to close the Elementary Schools at Sandwith and Lamplugh, whilst at Hensingham, Keekle, and Parton children from infected houses were excluded from school under the regulations of the Board of Education, which provides for an allowance being made for the absence of children on the recommendation of the Medical Officer of Health or Sanitary Authority when reckoning the average attendance of the school.

This question of the closing of schools on account of the prevalence of Measles is an ever-recurring one, and the question continually asked "does closing the schools really prevent the spread of the disease?" is not quite so easily answered as might be expected. In towns where the children meet during play-time, and mix as freely with each other outside the school as at school, the effect of closing the school is probably so small as to be a negligable quantity. In country districts, however, where children, who live far away from each other, never meet except in school there can be no doubt that, for a time at least, the spread of the disease is arrested by closing the schools, but it is not quite so certain that its progress is more than temporarily delayed, especially when the disease has become widely disseminated over a number of neighbouring districts so as to affect a whole country side. For instance, during the past year, when the disease appeared in the parish of Lamplugh, it was most prevalent amongst children attending the Board School, and this school, as well as the Parochial School, was closed on the recommendation of the Council from the 21st May until the 2nd July. This action appeared at first to check the spread of the disease amongst children attending the Parochial School. The disease, however, which had never entirely disappeared from the neighbourhood broke out again in this school, and in the schoolmaster's house, and the school had to be closed again on the 19th November until the end of the year. In the first place, unless concerted action is taken by the authorities over a considerable area, there is the danger, not easily guarded against, of children whose usual school is closed being sent to school in some adjacent village, and when it is remembered that Measles, as well as being one of the most highly infectious diseases, is notably so in its very early stage before the nature of the illness is suspected, or even before the patient appears to be ill at all, and that one child in this early stage may infect a whole school it is evident that a precaution intended to check the spread of the disease may really in this way become the means of spreading it more widely. And again, the period of incubation is so long—commonly extending to twelve or fourteen days from exposure to infection to the appearance of the earliest symptoms—that unless the school be closed for a very lengthened period the children from remote hamlets will be brought together again when the school re-opens, just when a second or third batch of children are in the most dangerous condition for spreading infection. Possibly also the closing of the schools comes to be regarded as in itself so comprehensive a measure that it leads to less attention being given by parents to individual isolation which might be more effective, and if parents and others having charge of children could be brought to realise more fully their individual responsibility for the isolation not only of those members of their family actually suffering from the disease, but of all those who have been exposed to risk of infection it might be possible to do more to check the spread of the disease than by merely closing the schools. As I have mentioned above, the regulations of the Board of Education now provide for an allowance being made in reckoning the average attendance of the school for the absence of children, who are excluded on medical certificate, owing to the existence of infectious disease in their homes, but I can not help thinking that in many cases schoolmasters are averse to this proceeding, because it interferes very much with school work to have numbers of children absent for a few weeks from their usual classes so that they fall behind the rest of the class, and even though their non-attendance is allowed for they do not come out so well in their examinations, and so seriously affect their "average results." Indeed, I have been told by schoolmasters that they prefer to have their school closed altogether than to have their work interfered with in this way; and on this account, no doubt, masters too often neglect to take notice of the earliest cases that occur in their schools, and never report any falling off in their attendance or the occurrence of cases of Measles with which they may become acquainted until their attendance has become so seriously affected that it does not seem worth while keeping the school open, and then they appeal to the Medical Officer of Health to recommend the closing of the school. In more than one such case I have been compelled to decline to accede to this request, as owing to the length of time that had been allowed to elapse since the first cases occurred, and the consequently widespread nature of the outbreak when first reported to me, it was evident that whatever might be the convenience to the school authorities it was too late to hope that closing the school could have any good effect in arresting the spread of the disease, from which point of view alone the Medical Officer of Health and Sanitary Authority can regard the matter. There is one other circumstance, however, that ought not, I think, to be lost sight of in considering whether or not a school ought to be closed on account of Measles, namely, that so long as the school remains open parents and guardians are compelled by law to send their children to school, and when the disease is known to be prevalent in a particular school it seems a little arbitrary to compel children by law to go there, and thus deprive them of any chance they might otherwise have of avoiding the disease.

With the exception of Measles the district has suffered less from Zymotic disease during the year 1900 than during any of the preceding ten years, that is since the "Infectious Disease Notification Act" came into force in December, 1889. Only thirty-two cases were notified under the Act during the year. The majority of these, as in previous years, were cases of Scarlet Fever, of which there were twenty-two cases distributed over different parts of the district as shown in Table IX. Seven of the patients were under five years of age, fourteen between five and fifteen years, and one aged eighteen years. The largest number in any one place occurred at Gosforth where there were seven cases, and, as three of the cases occurred in the Schoolmaster's house, adjacent to the school, it was deemed advisable to close the school for a period of one month, from the 19th March until after Easter. The patients were, in each case, isolated as far as circumstances permitted, and no extension of the disease occurred beyond those first affected, and after the recovery of the patients the rooms, bedding, and everything liable to retain infection were thoroughly disinfected under the supervision of the Sanitary Inspector. The two cases of Enteric Fever occurred at Gosforth, where, as I have so often reported, the water supply is very unsatisfactory. The water used for drinking purposes in both these cases was obtained from the River Bleng. There was abundant evidence of pollution, and, as I reported at the time, there occurred simultaneously a large number of cases of diarrhœa amongst persons drinking this water, though none of the others assumed a serious aspect.

In my Annual Report for the year 1899 I referred to the want of an improved water supply for the eight parishes south of

Egremont. This want has been long admitted, but, so far, no scheme proposed has met with general approval. Out of this question of water supply there arose a desire on the part of some of the inhabitants of Seascale for the unification for sanitary purposes of the Village of Seascale, which, at present, is situated partly in the district of the Whitehaven Rural District Council and partly in that of Bootle, and, at their request, an application was made by the Whitehaven Rural District Council to the County Council for the extension of the Parish of Seascale by the inclusion therein of that portion of Seascale Village which is within the Parish of Drigg and Carlton, in the district of the Rural District Council of Bootle. The Bootle Rural District Council thereupon petitioned the County Council that the said parish, if so extended, should be included in the Bootle Rural District and in the Bootle Union. Accordingly, a Public Inquiry was held by a Committee of the County Council at Seascale on the 30th May, 1900, to consider these applications. The Report of this Committee, which has been adopted by the County Council, was in favour of the extension of the Parish of Seascale as asked for by the Whitehaven Rural District Council—but of its inclusion in the Bootle Rural District, chiefly it would appear because, though the want of water had long been admitted, the Whitehaven Rural District Council had not yet adopted any scheme, whilst the Bootle Rural District Council had "adopted a scheme for the supply of the Northern portion of their district from Devoke Water, and are prepared to supply the whole Parish of Seascale forthwith."

It is important, however, to note that, whilst the existing supply of many of the other parishes south of Egremont had been condemned by me on account of being derived from "shallow wells in a porous soil close to houses and farm-yards, and necessarily liable from their position and surroundings to contamination by surface drainage and animal and vegetable impurities," Seascale has always enjoyed a supply sufficient for its immediate needs, because all the houses in the Northern portion of the village, with the exception of less than a dozen, are built on land bought from the Furness Railway Company, who provide water from their wells, which, as a matter of fact, supply also the houses not built on their estate, *e.g.*, Scawfell Hotel and Scale Villas, as well as many houses in the Bootle portion of the village, so that though the Report of the Committee of the County Council states that the present supply of Seascale is "not only insufficient but wholly under the control of the Railway Company, and liable to be cut off at any time," it has always been adequate for existing requirements, and has never been cut off even from those houses not built on the Railway Company's estate. The water from these wells is quite free from organic pollution but somewhat hard, and, in view of Seascale becoming a popular watering place, an improved water supply is desirable.

Of the seven other parishes south of Egremont, five are very much more in want of water than Seascale, and the difficulty of providing a better supply for them has all along been that the villages, hamlets, and farms, are so widely separated that the expense of the different schemes that have from time to time been proposed for them has been relatively high. Now, however, that the want of an improved supply for Seascale, in view of its probable extension, has been admitted, a scheme has been prepared for the supply of the whole of the district with the excellent water from Ennerdale Lake, and terms have been agreed upon between the Whitehaven Rural District Council and the Whitehaven Town Council who have, under their Act of Parliament of last year, obtained power to take an extra million gallons per day from the Lake. Should this scheme, which is now being submitted to the Local Government Board, be carried out, an abundant supply of the purest water will be assured for the whole district. If, however, Seascale were taken from the Whitehaven Rural District, this scheme could probably not be carried out at a reasonable cost for the remaining parishes, and the difficulty of supplying these parishes would remain, I fear, insuperable, whilst Seascale itself would not obtain as good a supply as from Ennerdale.

The Sanitary Inspector and myself have, during the year, inspected the various parts of the district from time to time, as well as paying special visits to those places where cases of Infectious Disease occurred, or where insanitary conditions were likely to arise, and in this way many minor sanitary defects were remedied on verbal notice being given, in addition to those in which more formal action had to be taken.

The health of the district at the end of the year is satisfactory.

I am, Gentlemen,
Yours obediently,
J. B. FISHER,
Medical Officer of Health.

TABLE I.—BIRTHS.

Number of Births.	Birth-rate per 1000 per annum.
410	26·45

COMPARISON WITH TEN PREVIOUS YEARS.

	1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.
Per 1000 per an.	32·52	32·38	31·72	29·33	30·86	27·2	25·61	27·35	27·16	26·13	26·45

TABLE II.—DEATHS AT ALL AGES.

Number of Deaths Registered.	Death-rate per 1000 per annum.
262	16·9

COMPARISON WITH TEN PREVIOUS YEARS.

	1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.
Per 1000 per an.	17·52	20·72	14·63	16·09	15·66	17·6	16·64	14·32	14·26	16·32	16·9

TABLE III.—DEATHS OF INFANTS UNDER ONE YEAR OF AGE.

Number of Deaths.	Death-rate.	
	Per 1000 per annum.	Per 1000 Births Registered.
69	4·45	168·29

COMPARISON WITH TEN PREVIOUS YEARS.

	1890.	1891.	1892.	1893.	1894.	1895.	1896	1897.	1898.	1899.	1900.
Per 1000 per an.	3·29	4·23	3·17	3·57	2·13	3·13	3·87	3·03	2·45	2·9	4·45
Per 1000 Births Regd.	101·42	130·87	100·21	121·89	69·11	115·19	146·7	110·84	90·26	111·11	168·29

TABLE IV.—DEATHS UNDER FIVE YEARS OF AGE.

Number of Deaths.	Death-rate per 1000 per annum.
101	6·51

COMPARISON WITH TEN PREVIOUS YEARS.

	1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.
Per 1000 per an.	4·79	7·15	4·10	5·23	3·53	5·8	6·19	4·32	3·74	4·13	6·51

TABLE V.—DEATHS OF PERSONS OVER SIXTY-FIVE YEARS OF AGE.

Number of Deaths.	Death-rate per 1000 per annum.
81	5·22

COMPARISON WITH EIGHT PREVIOUS YEARS.

	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.
Per 1000 per an.	4·96	5·16	5·93	5·73	4·19	4·32	4·96	6·0	5·22

TABLE VI.—DEATHS FROM EIGHT PRINCIPAL ZYMOTIC DISEASES IN 1900.

Smallpox	0
Measles	30
Scarlet Fever	0
Whooping Cough	5
Typhus Fever	0
Typhoid (Enteric) Fever	1
Diphtheria	0
Diarrhœa	1
Total ...	37

COMPARISON WITH TEN PREVIOUS YEARS.

	1890.	1891.	1892.	1893.	1894.	1895.	1896.	1897.	1898.	1899.	1900.
Per 1000 per an.	1·03	1·45	0·52	0·99	1·33	3·0	1·61	0·83	0·45	0·64	2·39

TABLE VII.—SHEWING CHIEF OTHER CAUSES OF DEATH IN 1900.

Croup	1
Influenza	4
Enteritis	4
Erysipelas	1
Phthisis	11
Other Tubercular Diseases	7
Cancer, Malignant Disease	13
Bronchitis	32
Pneumonia	20
Pleurisy	3
Other Diseases of Respiratory Organs	1
Alcoholism—Cirrhosis of Liver	5
Venereal Diseases	1
Premature Birth	6
Diseases and Accidents of Parturition	1
Heart Disease	25
Accidents	5
Suicides	2
All other causes	75
	217
Eight Zymotic Diseases, as above	37
Total Deaths in 1900 (Nett) ...	254

TABLE VIII.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR, 1900.

Notifiable Disease.	Cases Notified in Whole District.					
	At all Ages.	Ages.				
		1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and Upw'ds
Smallpox	...	...	...	...	...	...
Cholera	...	...	...	...	...	...
Diphtheria	3	...	...	2	1	...
Membranous Croup ...	...	...	...	...	...	...
Erysipelas	5	...	...	3	1	1
Scarlet Fever... ...	22	7	14	1	...	...
Typhus Fever .	...	...	...	...	...	...
Enteric Fever ...	2	...	...	2	...	...
Relapsing Fever ...	...	...	...	...	...	...
Continued Fever ...	...	...	...	...	...	..
Puerperal Fever... ...	...	...	...	...	...	...
Plague	...	...	...	...	...	...
Total ...	32	7	14	8	2	1

No. of Cases removed to Hospital - One, Scarlet Fever, aged 4 years, from Hensingham.

Galemire Hospital for Infectious Diseases is situated within the District.

TABLE IX.—Shewing the Parishes in which cases of Infectious Disease were notified during the Year 1900.

Parish.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Erysipelas.	Total.
Ennerdale	1	...	...	...	1
Gosforth	7	...	2	...	9
Seascale	1	...	...	...	1
St. Bridget	3	...	...	1	4
St. John	4	...	...	...	4
St. Bees	2	...	...	...	2
Rottington	2	...	...	...	2
Hensingham	2	3	...	2	7
Preston Quarter	...	...	...	1	1
Distington	...	...	...	1	1
Total ...	22	3	2	5	32

TABLE X.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1900

Compared with those notified during each of the previous ten years.

Year.	Small-pox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Enteric Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.	Total
1890	...	81	8	...	4	2	2	1	98
1891	...	85	1	...	4	1	...	3	94
1892	...	25	...	...	...	2	...	7	34
1893	...	72	...	...	3	...	1	3	79
1894	1	107	...	...	...	...	...	3	111
1895	...	49	...	...	2	1	...	10	62
1896	...	154	2	3	1	1	...	9	170
1897	...	88	1	2	5	.	1	7	104
1898	...	88	4	1	5	...	...	10	108
1899	...	41	9	2	3	...	...	16	71
1900	..	22	3	...	2	...	...	5	32

TABLE XI.—FOR WHOLE DISTRICT.

Year. 1.	Population estimat'd to Middle of each Year. 2.	Births.		Deaths under One Year of age.		Deaths at all Ages. Total.		Deaths in Public Institutions. 9.	Deaths of Non-resid'nts registered in District. 10.	Deaths of Residents registered beyond District. 11.	Deaths at all Ages. Nett.	
		No. 3.	Rate. * 4.	No. 5.	Rate per 1,000 Births regist'd 6.	No. 7.	Rate. * 8.				No. 12.	Rate. * 13.
1890.	19,400	631	32·52	64	101·42	340	17·52	39	37	...	303	15·86
1891.	15,071	489	32·38	64	130·87	313	20·72	45	40	..	273	18·44
1892.	15,100	479	31·72	48	100·21	221	14·63	44	42	...	179	12·09
1893.	15,100	443	29·33	54	121·89	253	16·09	43	39	...	214	14·17
1894.	15,000	463	30·86	32	69·11	235	15·66	40	38	...	197	13·4
1895.	15,000	408	27·2	47	115·19	264	17·6	45	41	...	223	15·17
1896.	15,500	397	25·61	60	146·7	258	16·64	46	43	..	215	14·14
1897.	15,500	424	27·35	47	110·84	222	14·32	47	43	...	179	11·77
1898.	15,500	421	27·16	38	90·26	221	14·26	40	34	...	187	12·3
1899.	15,500	405	26·13	45	111·11	253	16·32	49	44	...	209	13·48
Averages for years 1890-1899	15667·1	456	29·02	49 9	109·76	259	16·37	43·8	40·1	...	217·9	14·08
1900.	15,500	410	26·45	69	168·29	262	16·9	12	8	...	254	16·38

* Rates calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of illness, and dying there; and by the term "Residents" is meant persons who have been taken out of the district on account of illness, and have died elsewhere.

Area of District in Acres	75,462
Total Population, at all ages, at Census of 1891	15,071
Number of Inhabited Houses	2,623
Average Number of Persons per house	5·74

TABLE XII.—CAUSES OF, AND AGES AT, DEATH DURING YEAR 1900.

Causes of Death.	Deaths in whole District at subjoined Ages.							
	All Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.	Deaths in Public Institutions.
Smallpox	...	...	..	...	...	...	...	...
Measles	30	10	18	1	...	1	...	...
Scarlet Fever	...	...	...	...	..	...	...	...
Whooping Cough ...	5	5	...	...	...	...	...	...
Diphtheria and Membranous Croup... ...	...	...	...	...	...	...	...	...
Croup	1	1	...	...	...	...	..	...
Fever: Typhus	...	...	..	...	..	...	...	...
Fever: Enteric	1	...	...	...	1	...	...	...
Fever: Other continued	...	...	...	...	...	..	...	...
Epidemic Influenza ...	4	..	...	...	1	3	...	...
Cholera	...	...	..	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...
Diarrhœa	1	1	..	...	...	...	..	...
Enteritis	4	3	...	..	..	...	1	...
Puerperal Fever . ..	...	...	...	...	...	...	...	...
Erysipelas	1	...	...	...	...	...	1	...
Other Septic Diseases ...	...	..	...	...	..	...	...	...
Phthisis	11	..	..	...	6	5	...	...
Other Tubercular Diseases	7	2	1	1	2	1	...	...
Cancer, Malignant Disease	13	...	...	...	..	3	10	...
Bronchitis...	32	12	4	...	...	5	11	1
Pneumonia	20	3	4	1	...	6	6	1
Pleurisy	3	...	...	...	1	2	...	...
Other Diseases of Respiratory Organs ...	1	...	...	...	...	..	1	...
Alcoholism Cirrhosis of Liver ...	5	...	...	..	...	4	1	...
Venereal Diseases ...	1	1	...	...	...	...	...	...
Premature Birth	6	6	...	...	...	...	...	...
Diseases and Accidents of parturition	1	...	...	...	...	1	...	...
Heart Diseases	25	...	...	2	3	7	13	1
Accidents	5	...	1	...	2	2	...	..
Suicides	2	...	...	..		2	...	...
All other causes	75	25	4	1	...	12	33	1
All causes	254	69	32	6	16	54	77	4